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FACSIMILE TRANSMITTAL SHEET

TO:	EXAMINER CHERYL N. HAWKINS	FROM:	Mary A. Whiting, Esq.
COMPANY:	US PATENT OFFICE	DATE:	10/29/2004
FAX NUMBER:	703 872 9306	TOTAL NO. OF PAGES INCLUDING COVER:	4
PHONE NUMBER:	571 272 1229	SENDER'S REFERENCE NUMBER:	
RE:	Serial No. 10/666,934	YOUR REFERENCE NUMBER:	

X URGENT X FOR REVIEW X PLEASE COMMENT X PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Attached is :

This Cover sheet (1 page)

Certificate of Transmission Under 37 CFR 1.8 (1 page)

Transmittal form (1 page) .

Multiple Dependent Claim Fee Calculation Sheet that was not attached to the 55 page amendment faxed yesterday (1 page)

Total pages 4

Please contact me immediately if there is a problem with this transmission.

Thank you,

Mary A. Whiting

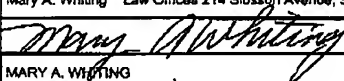
PTO/SB/21 (09-04)

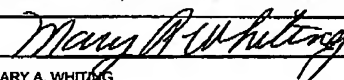
Approved for use through 07/31/2006, OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/666,834	
	Filing Date	1/30/2002	
	First Named Inventor	Robert Pederson	
	Art Unit	1734	
	Examiner Name	Cheryl N. Hawkins	
Total Number of Pages In This Submission	4	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Multiple Fee Calc. Sheet PTO/SB/07 2. Certificate of Transmittal
Remarks This was not included in the 55 page Amendment I faxed yesterday 10/28/2004.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Mary A. Whiting Law Offices 214 Slosson Avenue, Staten Island, New York 10314	
Signature		
Printed name	MARY A. WHITING	
Date	10/29/2004	Reg. No. 30, 601

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	MARY A. WHITING
Date	10/29/2004

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PTO/SB/97 (09-04)

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APPLICATION # 10666934
FILING DATE 1/30/2002ART UNIT 1734
EXAMINER CHEYL A. HAWKINS**Certificate of Transmission under 37 CFR 1.8**

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on 10/29/2004
Date

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MARY A. WHITING
ATTORNEY FOR APPLICANT

Typed or printed name of person signing Certificate

214 SLOSSON AVE.
SI, NY 10814

30,601

Registration Number, if applicable

(718) 448-9599

Telephone Number

TRANSMITTAL FORM PTO/SB/21 (09-04)

MULT. DEP. CLAIM. FEE CALC. SHEET PTO/SB/07 (08-03)

PTO/SB/97 (09-04) This Certificate

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Fax Cover Sheet (1 page)

TOTAL PAGES (4)

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1380 (For use with Form PTO/SB/06)							Application Number 10/666,934		Filing Date 11/30/2002	
							Applicant(s) Robert Peterson et al.			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims	18		9							
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